

SEWAGE DISPOSAL SYSTEM

A	40044

MARYLAND STATE DEPARTMENT OF HEALTH'

ISTRICT 5th

HOWARD COUNTY

BUREAU OF ENVIRONMENTAL HEALTH 461-9933

INDEXED

DATE SYSTEM APPROVED 3/2/7

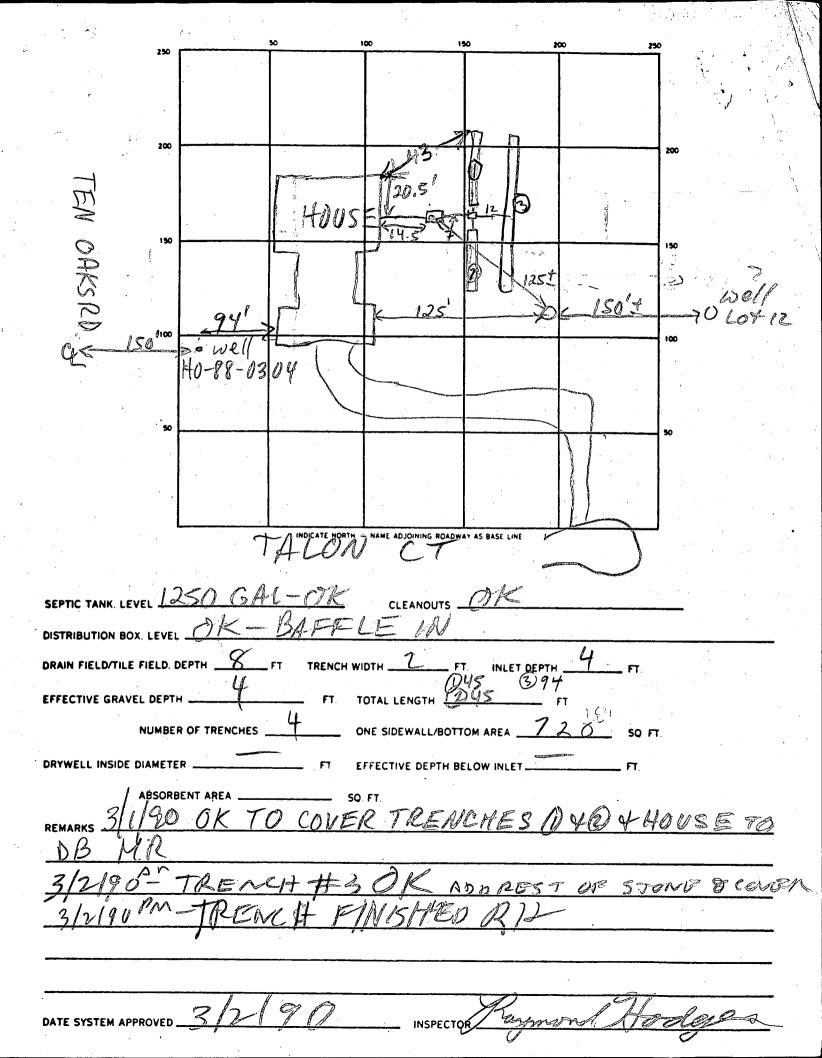
INSPECTOR _______

Jack Fyock		IS	PERMITTED TO INST	rati X	At TER
ADDRESS 13775 Triadelphia					•
SUBDIVISION Eagle Point Land		•			
PROPERTY OWNER	Mr.	Anthony Capita	ano		,
ADDRESS				· · · · · ·	
M XXXXII XXX IS RIMORII XXX HIS RIX MACHEA	SESERXIK XXNK KXNACH K	X BXX BXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	PATRONIKA HEKA XBOVA ZA Y	5. '	
CARBOGENORIODERRXXXXESXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXX				
SEPTIC TANK CAPACITY	_ GALLONS NUMBE	R OF BEDROOMS	 		
below distribution LOCATION - Place distribution and 265' off Talon Ct. Run NOTE - No trench to	e. Bottom maximum a begins at 4 fee ution pipe.	m depth 8 feet t below origin lot line bety 30.53'), as so rear of lot. n length. Pro	below original grade. 4 veen lots 10 een when faci	nal grad feet of & 11 (37 ing lot f	e. stone 2.57') rom
PLANS APPROVED BY	Mark Ri	fken	cm	DATE	11/23/88
COVER NO WORK UNTIL INSPECTED AND APPROPRIES. NEITHER THE HOWARD COUNTY COUNCIL NOR. NOTE: CLEANOUT REQUIRED EVERY 70 FEET IN NOTE: ALL PARTS OF SEPTIC SYSTEMS (I.E., TAN NOTE: IF DEEP TRENCHIES) ARE USED CALL FOR NOTE: NO DRY WELL SHALL EXCEED 15 FOOT NOTE: ALL PIPE FROM HOUSE TO SEPTIC TAND PERMIT VOID AFTER TWO YEARS	THE HEALTH DEPARTMENT IS RES OF SEWER LINE AND/OR AT 90°S IK DISTRIBUTION BOX TRENCHES OR INSPECTION BEFORE AND AFT IN DIAMETER NO ABSORPTION T	WEEPS IN LINES FROM HO TO BE 100 FEET FROM WE FER PLACING GRAVEL IN T RENCH TO EXCEED 100 FI	DUSE TO DRAIN FIELDS LL (UNLESS OTHERWISE RENCH(ES)		UTHORIZEDI
NOTE: INSTALL STAND PIPE ON SEPTIC TANK A	IND DRY WELL STAND PIPES MUS	T BE 6 INCHES IN DIAMETEI	R CAST IRON, CONCRETE	OR TERRA COTT	A OR PVC OR ASS

*INSTALLER IS RESPONSIBLE FOR OBTAINING FINAL APROVAL ON THIS PERMIT

ACCEPTED. IF TOP OF SEPTIC TANK IS DEEPER THAN 3 FEET, MANHOLE TO GRADE REQUIRED

NOTE DISTRIBUTION BOXES MUST HAVE BAFFLES



APPLICATION

PERCOLATION TESTING

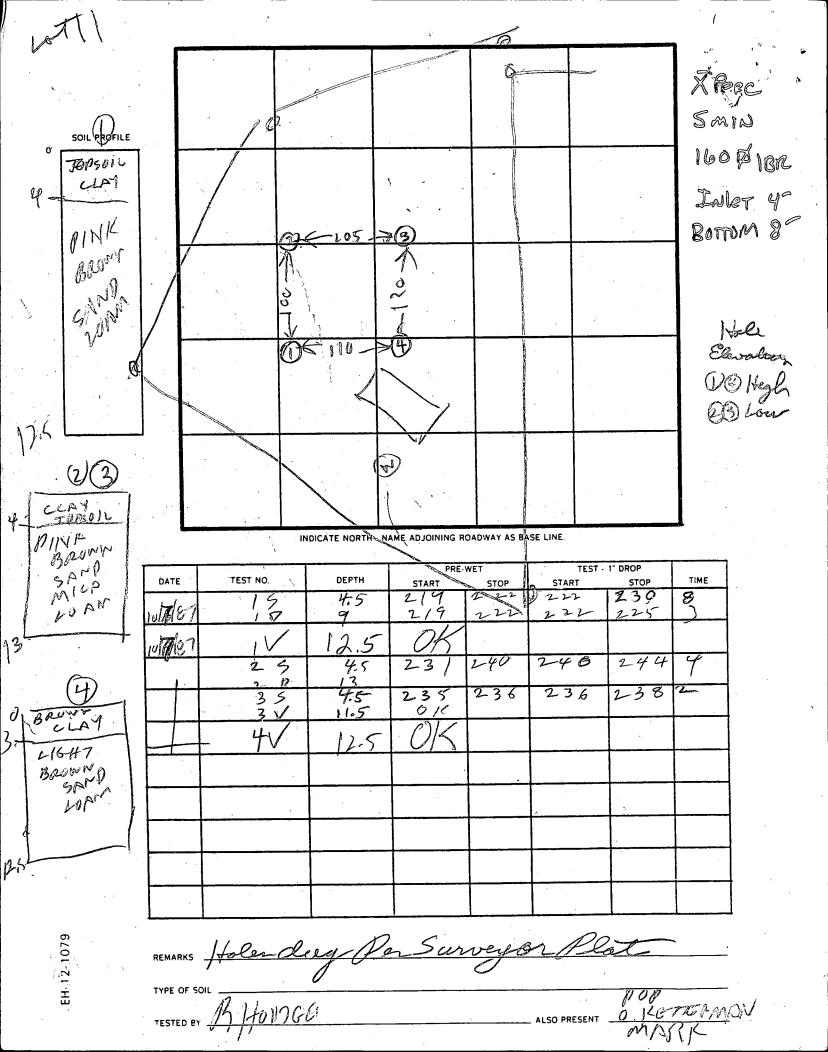
40044

HOWARD COUNTY HEALTH DEPARTMENT BUREAU OF ENVIRONMENTAL HEALTH

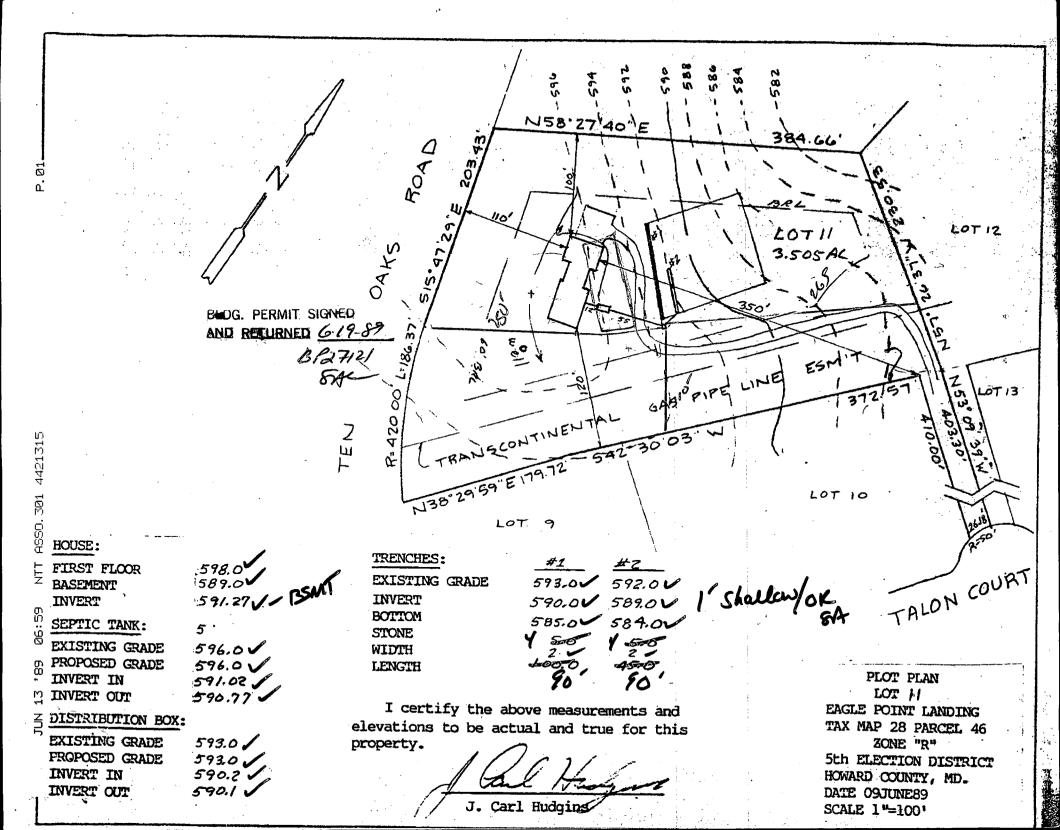
P.O. BOX 476 ELLICOTT CITY, MARYLAND 21043

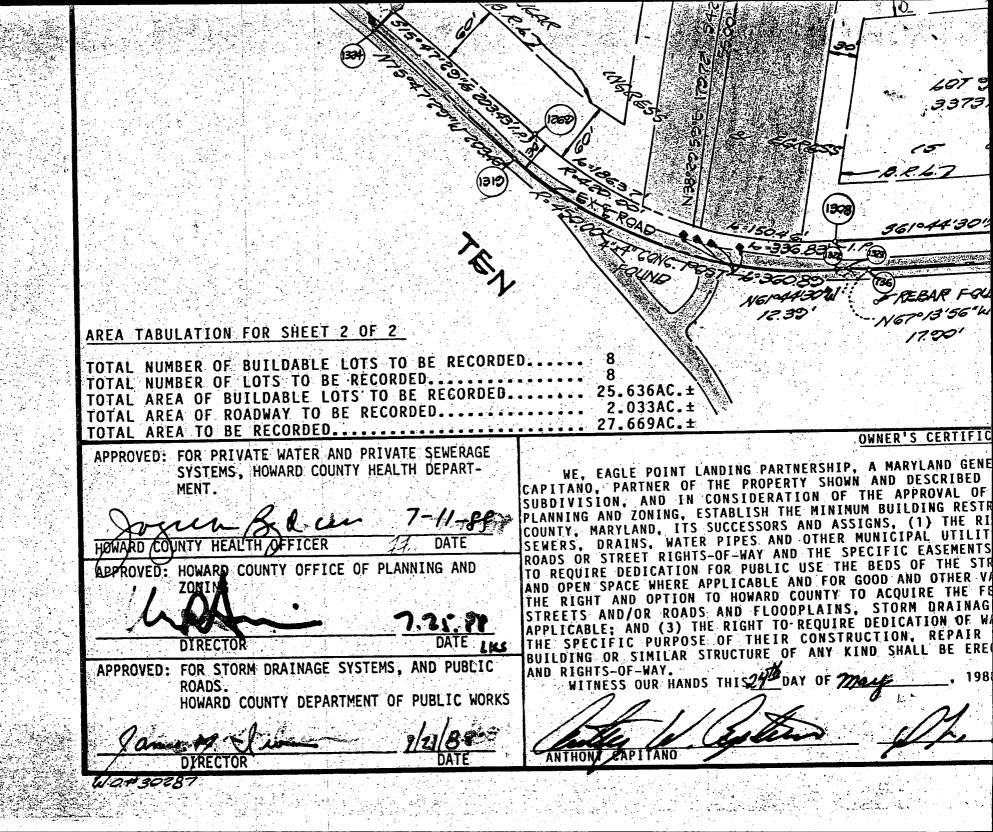
		· /	*1
TO: THE COUNTY HEALTH OFFICER ELLICOTT CITY, MARYLAND			
I, HEREBY, APPLY FOR THE NECESSARY TEST IN ORDER TO CONSTRUCT	(OR RECONSTRUCT) A SEWAGE D	SPOSAL SYSTEM.	
PROPERTY OWNER Smith Roberts + ALS	or Anthony Co	AP, MANO	
ADDRESS 8307 Main St F	11: cott City	PHONE 465-5851	<u>.</u>
PROSPECTIVE BUYER N	<u>, </u>		
ADDRESS		PHONE	
PROPERTY LOCATION:			•
SUBDIVISION Tattsot Property EA	gle Point CONDIN	19	
ROAD AND DESCRIPTION TEN OAKS KA	SY13 TALON	C.	
		· · · · · · · · · · · · · · · · · · ·	
TAX MAP 28 PARCEL # 46-A			
SIZE OF LOT 3 acres	TYPE B	LDG SFD	
			IG OR COMMERCIAL)
THE SYSTEM INSTALLED UNDER THIS APPLICATION IS ACCEPTABLE	ONLY UNTIL PUBLIC FACILITIE	S BECOME AVAILABLE. I FULLY	UNDERSTAND THE
FEE CONNECTED WITH THE FILING OF THIS PERC TEST APPLICATION	\mathcal{M}	//	AGREE TO COMPLY
WITH ALL M.O.S.H.A. REQUIREMENTS IN TESTING THIS LOT.	/	JRE OF APPLICANT)	· · · · · · · · · · · · · · · · · · ·
APPROVED BY Sidny alul	FOR Dup truck	DATE 6-1	19-89
REJECTED BY		DATE	
HOLD PENDING FURTHER TESTS		DATE	
REASONS FOR REJECTION OR HOLDING 10/7/27 Per	COK Italia	en Plut B	14

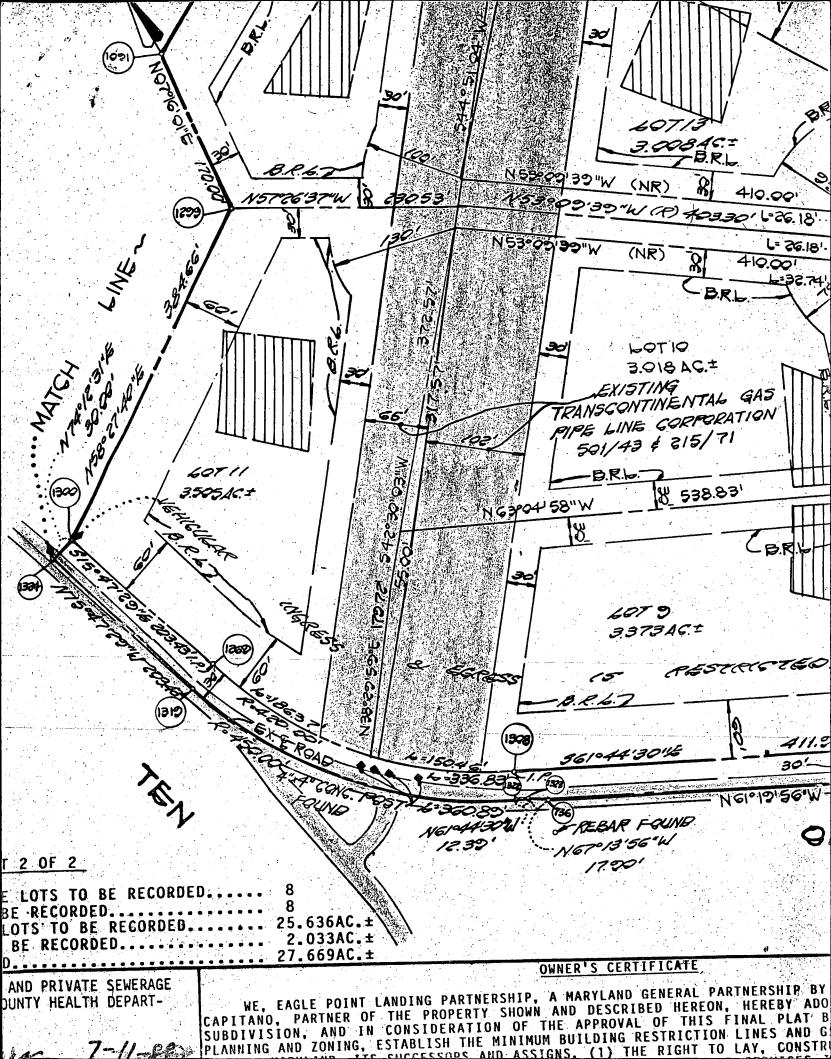
THIS IS NOT A PE



			CTATE OFFINET AND TO
B 1 6811 SEQUENCE NO. (DP USE ONLY)	STATE OF MARYLAND PERMIT TO DRILL WELL please print or type		STATE PERMIT NUMBER H 0 - 88 - 030 4
IN COLS. 3-6 ON/ALL CARDS)	please pr	int or type	fill in this form completely
Date Received (APA) OWNER INFORMA B B B C Date Received (APA) OWNER INFORMA OWNER INFORM	ATION	B 3	LOCATION OF WELL
ORPITANO ANTH	ONY First Name 34	E A B L E P	O I W T
4280 7 EM 0 A K 3	RORD	SECTION 44 46	LOT 48 50
	MD 2 1036 State 72 Zip 76	DAYTON 52 NEAREST TOWN	71
DRILLER INFORMATION Delph	77 License No. 80	MILES FROM TOWN (ent	ter 0 if in town) 73 76 77 78
Frank- Delph Well Dr	illing Inc.	1 2 DIRECTION OF WELL FROM	TG/ON C+
18234 Penn Shop Hd.	Mt. Hiry Md.	TOWN (CIRCLE BOX)	NORTH (IVI)
Signature B 2 WELL INFORMATION	Date	N 8 N E 8-9	ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX) WEST SEAST SOUTH
APPROX. PUMPING RATE (GAL. PER MIN.)		W TOWN E	34 5 0 0 37
AVERAGE DAILY QUANTITY NEEDED (GAL. PER DAY)	20	S _W S _E	DISTANCE FROM ROAD ENTER FT OF MI
USE FOR WATER (CIRCLE APPR	,		NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL
FARMING (LIVESTOCK WATERING & A		HOWAR >	A YOU YY COUNTY NO.
INDUSTRIAL, COMMERCIAL, STATE A OTHER (REQUIRES APPROPRIATION F	PERMIT)	STATE SIGNATURE	INSERT S
PUBLIC OR PRIVATE WATER COMPAN APPROPRIATION PERMIT AND STATE I APPROVAL)		111788 43 48 CC	10 Millian 5/17/89 DSIGNATURE EXP. DATE
TEST, OBSERVATION, MONITORING (I	MAY REQUIRE	NORTH 8 0 7 0 0	0 EAST 0 5 0 5 0 0 0 5 63
APPROXIMATE DEPTH OF WELL 24	FEET 28	SHOW MAJOR FEATUR BOX & LOCATE WELL _ WITH AN X	8:30
APPROXIMATE DIAMETER OF WELL <u>Lo</u>	NEAREST	sources of drilling 1 Well Water 2	NO IN J
METHOD OF DRILLING	circle one)	3.	the state of the s
BORED (or Augered) JETTED	Jetted & <u>DRIVEN</u>	WRITE THE BOX NUMB	ER
AIR-ROTary AIR-PERcussion RC CABLE REVerse-ROTary	DRIVE-POINT	FROM THE MAP HERE	
NEVerse-HOTTary	<u>Dinvertonti</u>	E days	
other		N GOO	000
REPLACEMENT OR DEEPENE (CIRCLE APPROPRIATE B	OX)	RELATION TO NEARBY	W SHOWING LOCATION OF WELL IN TOWNS AND ROADS AND GIVE
THIS WELL WILL NOT REPLACE AN E THIS WELL WILL REPLACE A WELL T ABANDONED AND SEALED		N	. TO NEAREST ROAD JUNCTION
39 S THIS WELL WILL REPLACE A WELL T	HAT WILL BE USED	V I	dew Church Rd 7
D THIS WELL WILL DEEPEN AN EXISTIN		1 0 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12
PERMIT NUMBER OF WELL TO BE REPLAY (IF AVAILABLE) 41	CED OR DEEPENDED	01+3	
Not to be filled in by driller (OEP	USE ONLY)	1 51 129	
APPROP. PERMIT NUMBER 54	A P 63	Tralo	nd.
FORCE WRITE INTIALS PERMIT NO. H C - 70 71 72	88 - 03 0 U		
SPECIAL CONDITIONS	· · · · · · · · · · · · · · · · · · ·		







C 1 6653 SEQUENCE NO. (DENV USE ONLY) (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)	STATE OF MARYLAND WELL COMPLETION REPORT FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE	THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER A 40044
DATE Received DATE WELL COMPLETE STORY 13 DATE WELL COMPLETE 15 20	Depth of Well 22 20 (TO NEAREST FOOT)	PERMIT NO. FROM "PERMIT TO DRILL WELL"
OWNERlast name	TALCU COURT first name TOWN	Daka
STREET OR RFD SUBDIVISION Face & Point LANGE		DAVIE J LOT !!
WELL LOG	GROUTING RECORD	C 3
Not required for driven wells STATE THE KIND OF FORMATIONS PENETRATED, THEIR COLOR, DEPTH, THICKNESS AND IF WATER BEARING	WELL HAS BEEN GROUTED (Circle Appropriate Box) TYPE OF GROUTING MATERIAL	PUMPING TEST HOURS PUMPED (nearest hour)
DESCRIPTION (Use FEET Check if water additional sheets if needed) FROM TO bearing	45 46	PUMPING RATE (gal. per min.
Top Soil 6 2 Shall 2 15 35	GALLONS OF WATER DEPTH OF GROUT SEAL (to nearest foot) from ft. to 25	to nearest gal.) METHOD USED TO MEASURE PUMPING RATE WATER LEVEL (distance from land surface) BEFORE PUMPING
3halt 2 15	casing CASING RECORD	WHEN PUMPING 77
	insert appropriate code below PLASTIC OTHER	TYPE OF PUMP USED (for test) A air P piston T turbine
5 And Ston = 35 45	MAIN Nominal diameter Total depth CASING top (main) casing of main casing	C centrifugal R rotary Other (describe 27 below)
171.KA 45 20	TYPE (nearest inch) (nearest foot)	J jet Submersible
5914/Stent 70 75	E OTHER CASING (if used) A diameter depth (feet) H inch from to	PUMP INSTALLED
111KA 75 205	C C S C C C C C C C C C C C C C C C C C	DRILLER WILL INSTALL PUMP YES NO (CIRCLE) (YES or NO)
	N G	IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS
	screen type or open hole insert appropriate appropriate BRASS OPEN BRONZE HOLE	EXCEPT HOME USE TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX SEE ABOVE: CAPACITY:
	code below PLASTIC OTHER	GALLONS PER MINUTE (to nearest gallon) PUMP HORSE POWER
	DEPTH (nearest ft.)	PUMP COLUMN LENGTH (nearest ft.)
	E 1 H O 55 15 17 17 17 15 21	CASING HEIGHT (circle appropriate box and enter casing height)
CIRCLE APPROPRIATE LETTER	H ₂ S C C 23 24 26 30 32 36	LAND SURFACE Delow Graph Continue C
A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED	E ³ 38 39 41 45 47 51	LOCATION OF WELL ON LOT
E ELECTRIC LOG OBTAINED	SLOT SIZE 123	SHOW PERMANENT STRUCTURE SUCH AS BUILDING, SEPTIC TANKS, AND/OR
P TEST WELL CONVERTED TO PRODUCTION WELL THEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN	DIAMETER (NEAREST OF SCREEN 56 60 INCH)	LANDMARKS AND INDICATE NOT LESS THAN TWO DISTANCES (MEASUREMENTS TO WELL)
ACCORDANCE WITH COMAR 10.17.13 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.	GRAVEL PACK to GRAVEL PACK to IF WELL DRILLED WAS FLOWING WELL INSERT	102'4
DRILLERS IDENT. NO.	F IN BOX 68 68 OEP USE ONLY	-{/ } /
DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION)	(NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q	CAK'S
SITE SUPERVISOR (sign. of driller or journeyman	70 72 TELESCOPE LOG OTHER DATA	3 TALIN CT
responsible for sitework if different from permittee)	COUNTY	